CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

The C/OH Instruction	Guide explains how to complete this fo	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Marco NICKNAME LAST	MI	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address 5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN TREASURER NAME	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE; ZIPCODE 1833 AUSTINITY 78718 EXTENSION SUFFIX	Date Received Date Hand-delivered or Postmarked Receipt # Amount Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT /	rsuite#; city; state;	zipcode - 178702
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (SIZ) 474-149	EXTENSION 9	
9 REPORT TYPE	January 15 30th day before July 15 8th day before e		15th day after campaign treasurer appointment (officeholderonly) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THF	ROUGH 10 25	Year / 14
11 ELECTION	Month Day Year ELECTION T	_	General Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IJ known	ncil District 4
	GOT	O PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

		· ·			
14 C/OH NAME		15	ACCOUNT # (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 350.00		
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZ	** Ø		
	4. TOTAL POLITICAL EXPENDITURES \$ 13, 117				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 13.687				
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$ Ø		
18 AFFIDAVIT					
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. MyRNA G. RIOS My Commission Expires July 02, 2016					
		Signature of Candid	date or Officeholder		
AFFIX NOTARY STAM Sworn to and subs		me, by the said Mary Mone	this the		
day	صبحاء أمام		···		
Migh	R	Myrna Rios	Motory		
Signature of officer admi	nistering oath	Printed name of officer administering path	Title of officer administering oath		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

The Instruction	on Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME	2 marciles		3 ACCOUNT # (E	thics Commission Filers)
	ame of contributor Dout-of-state PAC (ID#_	c.al	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/2014 6 Contr	ibutor address: City; State; Zip Code 27203 Stone harb	1604, 179 0- Ln77491	380 (If travel outside	of Texas, complete Schedule T)
9 Principal occupation / Jo	ì	10 Employer (See I	<u></u>	,
Date Full n	ame of contributor out-of-state PAC (ID#	326	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contr	ibutor address; City; State; Zip Code			
				l of Texas, complete Schedule T)
Principal occupation / Joi	b title (See Instructions)	Employer (See I	nstructions)	
Date Full n	ame of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contr	ibutor address; City, State; Zip Code			
			· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Principal occupation / Jo	b title (See Instructions)	Employer (See I	nstructions)	
Date Full n	ame of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
Conti	ibutor address; City; State: Zip Code			
			(If travel outside	of Texas, complete Schedule T)
Principal occupation / Jo	b title (See Instructions)	Employer (See I		
Date Full r	name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Cont	ributor address; City; State; Zip Code			
				of Texas, complete Schedule T)
Principal occupation / Jo	b title (See Instructions)	Employer (See	Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dist Printing Expense Office Overhead/R The Instruction Guide explains how to	ontract Labor Loan sing Expense Tran Cont rict C ental Expense OTH	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee ER (enter a category not listed above)
1 Total pages Schedule F:	2 FILER NAME Marco Marcillo		3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/24/14	5 Payee name Pench Boul Sveral	<u> </u>	
6 Amount (\$)	7 Payee address; City; State; Zip Code		
83.16	113 Doman Or. A	ustrille 7	६ ७४५
8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)		rel outside of Texas, complete Schedule T)
EXPENDITURE	Food/Benze	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/24/14	Dugwood		
Amount (\$)	Payee address; City; State; Zip Code		
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PURPOSE	Category (See categories listed at the top of this schedule)		vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food / Bexerage	Check if Austin,	TX, officeholder living expense
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Amount (\$)	Payee address; City; State; Zip Code		
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PURPOSE OF	Category (See categories listed at the top of this schedule)		rel outside of Texas, complete Schedule T)
EXPENDITURE	Food / Berrage		TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name 7 eb ~		
Amount (\$)	Payee address; City; State; Zip Code		
14.00	28 Zu S Lona	Olud or	78701
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If training Miles	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Trail in District		TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Texas Ethics Commission

	EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense		alaries/Wages/Co		Loan Repayment/Re	mbursement
Accounting/Banking	Legal Services S	olicitation/Fundrai	sing Expense	Transportation Equip	ment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In District			Contributions/Donation	
Event Expense	• • • • • • • • • • • • • • • • • • • •	ravel Out Of Disti			older/Political Committee
Fees	• •	office Overhead/R	•	•	gory not listed above)
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	n Payee name		_		
9/29/14	7 Payee address; City; State	2 00-1		· -	<u> </u>
6 Amount (\$)	7 Payee address; City; State	; Zip Code			
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8 PURPOSE	(a) Category (See categories listed at the top of			(If travel outside of Texas,	complete Schedule T)
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EXPENDITURE	Foul Berne		-		Office held
9 Complete ONLY if direct over a part of the complete ONLY if direct	Candidate / Officeholder name		Office sough	ıt	Office held
expenditure to benefit C/C	···			- <u></u>	
Date	Payee name				
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Amount (\$)	Payee address: City; State	: Zip Code			
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PURPOSE	Category (See categories listed at the top of	this schedule)	<u> </u>	(If travel outside of Texas	complete Schedule 1)
OF EXPENDITURE	Foul Boilege		Food		
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EXPENDITURE	Office Oce Mr.	. <u>J</u>			
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expenditure to benefit 6/					
	ATTACH ADDITIONAL CO	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

	EXPENDITURE	CATEGORIES	FOR BOX 8(a)		
Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Co	intract Labor	Loan Repayment/Rei	mbursement
Accounting/Banking	Legal Services	Solicitation/Fundra			nent & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District		Contributions/Donatio	
Event Expense	Polling Expense	Travel Out Of Dist			older/Political Committee
Fees	Printing Expense	Office Overhead/R	ental Expense	OTHER (enter a cate	gory not listed above)
	The Instruction Guid	e explains how to	complete this for	'n.	
1 Total pages Schedule F:	2 FILER NAME			3 ACCOUNT#	(Ethics Commission Filers)
i Total pages Schedule F:	Z FILER NAME	Monit	1	3 ACCOUNT#	(Ethics Commission Filers)
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4 Date	5 Payee name	_			
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9 Complete ONLY if direct	Candidate / Officeholder name	3	Office sough	nt	Office held
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	ontract Labor Loan Re	payment/Reimbursement		
Accounting/Banking	Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expense				
Consulting Expense	Food/Beverage Expense Travel In District Contributions/Donations Made By				
Event Expense	Polling Expense Travel Out Of Di		lidate/Officeholder/Political Committee		
Fees	Printing Expense Office Overhead	Rental Expense OTHER	(enter a category not listed above)		
	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F:	2 FILER NAME		ACCOUNT # (Ethics Commission Filers)		
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6 Amount (\$)	7 Payee address; City; State; Zip Code				
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
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16/1/1/4	tace Book				
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	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ا		

Texas Ethics Commission

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Potting Expense Travel Out Of District	ntract Labor Loan Repayment/Reimbursement sing Expense Transportation Equipment & Related Expense Contributions/Donations Made By
Fees	Printing Expense Office Overhead/R	· · · · · · · · · · · · · · · · · · ·
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date Why	5 Payee name	<u> </u>
6 Amount (\$)	7 Payee address; City; State; Zip Code	<u> </u>
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
OF EXPENDITURE		Food
	FOUL BENNESS	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Öfficeholder name DH	Office sought Office held
Date	Payee name	
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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	Travel in aistrict	
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EXPENDITURE	Print expense	Check if Austin, TX, officeholder living expense
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OF EXPENDITURE	1. 12. 1 Labor	しょりが表 Check if Austin. TX, officeholder living expense
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P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
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Fees	Printing Expense Office Overhead/R	····	
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1 Total pages Schedule F:	2 FILER NAME Marc:	3 ACCOUNT # (Ethics Commission Filers)	
4 Date	5 Payee name		
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6 Amount (\$)	7 Payee address; City; State; Zip Code		
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Trad in District	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought Office held	
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EXPENDITURE	Food I Beverage	していた Check if Austin, TX, officeholder living expense	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/R The Instruction Guide explains how to	contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By rict Candidate/Officeholder/Political Committee cental Expense OTHER (enter a category not listed above)	
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8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	Food/Beverage	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name PH	Office sought Office held	
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expresse	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held	
Date	Payee name	***	
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Amount (\$)	Payee address; City; State; Zip Code		
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PURPOSE	Calegory (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Foul / Bereage	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

	,		
	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/C	` ,	
Accounting/Banking	Legal Services Solicitation/Fundra	ising Expense Transportation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In District	Contributions/Donations Made By	
Event Expense	Polling Expense Travel Out Of Dis		
Fees	Printing Expense Office Overhead/F	, , , , , , , , , , , , , , , , , , , ,	
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6 Amount (\$)	7 Payee address; City; State; Zip Code		
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8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
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9 Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/C	DH .		
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OF EXPENDITURE	Trend indistrict	Check if Austin, TX, officeholder living expense	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

P.O. Box 12070

	EXPENDITURE	CATEGORIES FOR	BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Contract Solicitation/Fundraising E Travel In District Travel Out Of District	Labor Loan Expense Tran Cont	Repayment/Reimbursement sportation Equipment & Related Expense ributions/Donations Made By andidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental explains how to comp	•	ER (enter a category not listed above)
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8 PURPOSE	(a) Category (See categories listed at the top	of this schedule) (b) (Description (If trav	el outside of Texas, complete Schedule T)
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9 Complete ONLY if direct	Candidate / Officeholder name		Office sought	Office held
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EXPENDITURE	Fral Bere			TX, officeholder living expense
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PURPOSE	Category (See categories listed at the top	of this schedule)	Description (If trav	vel outside of Texas, complete Schedule T)
OF EXPENDITURE	Food Ben	use I	☐ Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/6	Candidate / Officeholder name		Office sought	Office held
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P.O. Box 12070

-	EXPENDITU	RE CATEGORIES FOR BO	X 8(a)	- - -
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Accounting/Banking	Legal Services	Solicitation/Fundraising Expe	• •	
Consulting Expense	Food/Beverage Expense	Travel In District		,
Event Expense	Polling Expense	Travel Out Of District	Contributions/Donation Candidate/Officehol	der/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expe		
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8 PURPOSE	(a) Category (See categories listed at the	top of this schedule) (b) Des	cription (If travel outside of Texas, co	mplate Schedule T\
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EXPENDITURE		.1_(/ /		
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	I TOW	Devige	Check if Austin, TX, officeholder livin	ig expense
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expenditure to benefit C/OH				
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P.O. Box 12070

	EXPENDITURE CATEGORIES	FOR BOX 8(a)
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/Cc Legal Services Solicitation/Fundra Food/Beverage Expense Travel In District Polling Expense Office Overhead/R The Instruction Guide explains how to	contract Labor Loan Repayment/Reimbursement ising Expense Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee tental Expense OTHER (enter a category not listed above)
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6 Amount (\$)	7 Payee address; City; State; Zip Code	
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8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
EXPENDITURE	Food Beneze	Fux
	Candidate / Officeholder name	Check if Austin, TX, officeholder living expense Office sought Office held
9 Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
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PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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EXPENDITURE	Lendand Labor	Check if Austin, TX, officeholder living expense
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	EXPENDITURE CATEGORIES	FOR BOX 8(a)			
Advertising Expense	Gift/Awards/Memorials Expense Salaries/Wages/0	• •			
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8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)			
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	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Salaries/Wages/ Legal Services Solicitation/Fund Food/Beverage Expense Travel In District Polling Expense Travel Out Of D	Contract Labor Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee (/Rental Expense OTHER (enter a category not listed above)	
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8 PURPOSE OF	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)	
EXPENDITURE	A	_ Lollan	
	Contract Labor	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held	
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	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	